RI SOS Filing Number: 201924860020 Date: 10/18/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

OCT 1 8 2019

1. Entity ID Number	2. Exact name of the Limited Lia				
001657768	M.B. Real Estate				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531210	Buy, sell and lease real estate				
5. State of Formation					
Rhode Island					
6. Principal Office Address	<u>., </u>	City	State	Zip	
39 Anthony Drive		Cumberland	RI	02864	
7. Mailing Address of Limited Li	ability Company and Name or Title	e of Contact Person			
Contact Name Michelle L. Beauchemin		Contact Title. Member			
Street Address 39 Anthony Driv		City Cumberland	State RI	<sup>Zip</sup> 02864	
8. List ALL managers (names a	and addresses) of the Limited Liab	ility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Ma		Manager Name			
Street Address	et Address		Street Address		
City /	T <sub>a</sub>	City	State	Zip	
Manager Name ^	-	Manager Name			
Street Address		Street Address			
City,		<u> </u>	State	Zip	
<u> </u>	1		Check the box to	indicate an attachment	
O. Posident Agent in Rhode Isla	and. This information is currently of re	cord with the Department of Sta	ate. Changes require fili	ng Form 642.	
Under negative of perium I de	clare and affirm that I have exa-	mined this report, includin	ng any accompanyir	ng schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date		
Michelle L. Beauchemin			10	15/19	
	L. Blaudyen	OCCUMENT HERE			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov